



ST. PETER'S LUTHERAN SCHOOL

Food Allergy Form

Student Name: _____

Grade: _____ **Teacher:** _____

Please check all applicable boxes for specific food allergies. If your child has a specific food allergy, please describe your child's level of sensitivity, past reactions, and treatment given.

My child does not have any food allergies.

Peanut Butter

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Tree Nuts

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Eggs

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Dairy Products

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Shell Fish

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Other

Please describe: _____

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Is there any additional information regarding food allergies that would be helpful for our School Nurse to know as she works hard to ensure the safety of your child?

Parent/Guardian Signature

Date